



DISADVANTAGED BUSINESS ENTERPRISE RECERTIFICATION APPLICATION

This Recertification Form Is Required By MoDOT In Order To Determine Your DBE Eligibility Status Upon The Expiration Of Your 3Year Certification Period. You Must Submit All Required Documentation With This Form. The Documentation Checklist Is Attached For Your Referral. Failure To Submit Documentation May Result In The Removal Of Your Certification.

GENERAL INFORMATION

Name Of Firm:		
Owner (S)		
Street Address:		
Mailing Address:		
City:	State:	Zip Code:
E-Mail Address:	Federal Tax Identification Number	
Fax Number	Telephone Number:	
Person Preparing This Application:	Title:	
Describe The Primary Business Activity Of The Firm		
Have Any Changes Occurred Concerning Property Owned Or Leased By The Firm, Such As New Location, Expansion, Or Changes To Lease Agreements?	Yes	No
If You Are A Supplier, Have Any Changes Occurred In The Past Year Such As The Type Of Business (I.E. Supplier, Manufacturer, Etc.) Or Material You Market?	Yes	No
Has The Type Of Work Performed By The Firm, Such As Expanding Into New Areas Occurred In The Past Year?	Yes	No
Has The Type Of Organizational Structure Changed Within The Past Year?	Yes	No
Is The Firm An SBA 8(A) Certified Business?	Yes	No
Has This Firm, Or Any Owners, Board Members, Officers, Or Management Personnel Been Denied Certification/Decertified As A Dbe, Mbe, Or Wbe By Any Agency In The Past 3 Years?	Yes	No
If You Answered "Yes" To Any Of The Questions Above, Please Provide Details Of The Changes On Page 4.		

FINANCIAL AND MANAGEMENT SERVICES

Have Any Changes Occurred Concerning The Following Services Provided To The Firm (Check All That Apply Below)?		
Bonding (Agent, Capacity, Etc.)	Yes	No
Banking (New Accounts, Changes Regarding Signature Authority, Institution, Etc.)	Yes	No
External Management	Yes	No
Computer Services	Yes	No
Accountant	Yes	No
Attorney	Yes	No
If You Answered "Yes" To Any Of The Questions Above, Please Provide Details Of The Changes On Page 4.		

PERSONNEL/MANAGEMENT

Have Any Changes Occurred Concerning The Person (S) Responsible For The Following Functions?				Yes	No
If Changes Have Occurred, Indicate Management Personnel Who Perform The Functions In The Following Areas. (Attach Work Experience Resumes - Including Dates Of Employment For Each New Person).					
Management Area	Name	Title	Ethnicity	Sex	
Financial Decisions					
Estimating (Cost Estimates, Bid Preparation, Negotiations Or Scheduling)					
Hiring And Firing Of Personnel					
Field Superintendents/ Project Managers					
Contract Signature Authority					
Office Management					
Marketing/Sales/ Locating Prospective Projects					
Purchase Of Major Equipment					
Identify The Current Number Of Personnel Employed By The Firm In The Following Areas:					
Administrative	Sales	Management	Construction	Manufacturing	Other

EQUIPMENT

List Equipment Purchased Or Leased In The Past Year With Value Greater Than \$1,000.00.

(Attach Additional Sheets If Necessary)

Type Of Equipment	Make	Model	Year	Date Acquired	Present Value

CONTRACTING ACTIVITY

List Five Largest Contracts Completed In Past Year.

Owner/Contractor	Phone	Contract Amount	Project Name/Location	Type Of Work Performed

PERSONAL NET WORTH INFORMATION

Have You Acquired <u>Any</u> Personal Assets Or Liabilities In The Last Year?				Yes	No
Description	Aquired/Sold	Names On Assets	Liabilities Against Asset	Value Of Asset	

If You Answered "Yes", List Details Below. Note: Attach Proof Of Change In Assets Or Liabilities.

CORPORATIONS ONLY

Has Any Stock Been Transferred Or New Shares Issued In The Past 3 Year?	Yes	No
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If You Answered "Yes" Please Provide D Details Of The Changes On Page 4, Including Names, Amount Of Compensation, And Number Transferred.

Identify The Current Board Of Directors (Resumes Of Each New Member Must Be Attached.)

Name	Title	Ethnicity	Sex	Other Business Affiliations

Identify The Current Officers (Resumes Of Each New Officer Must Be Attached.)

Name	Title	Ethnicity	Sex	Other Business Affiliations

PARTNERSHIPS ONLY

Have There Been Any Changes In The Ownership Structure Of The Partnership In The Past Year?	Yes	No
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If You Answered "Yes" Please Provide Specific Details Of The Changes Below.

Partnership Or Ownership Changes:

Note: Failure To Disclose All Information Concerning The Control And Ownership Of The Firm May Lead To Decertification Of The Firm.

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CERTIFICATION AFFIDAVIT

State of _____)
) ss.
County of _____)

We, the undersigned officers of the afore-mentioned firm agree to the following conditions:

To abide by all of the rules and regulations governing the certification process hereafter.

To notify the department within thirty days of any change in the ownership, control, management or status as an on-going concern. (Note: If, after filing this annual update, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must notify the Missouri Highway and Transportation Department in writing within thirty days after the change. Failure to comply with this requirement may lead to a loss of certification.)

That the department has the right to conduct an on-site review of the firm's operations, as well as, audit and examine the company's books and review contracts, company structure, facilities and to request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the department as a bona-fide disadvantaged owned and controlled company.

Furthermore, the undersigned, swear under oath, the foregoing statements and application contents are true and complete, and include all material and information necessary to identify the firm as a Disadvantage Business Enterprise with the Missouri Department of Transportation, as well as identifying all current owners, directors, officers, or members of the firm.

That the department may automatically deny or rescind certification after applying its own procedures and may automatically deny or rescind certification if, during or after the certification process, it finds that the undersigned have submitted false, inaccurate, or misleading information.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified or qualified DBE, as well as any contract which may have been awarded under those programs, and for initiating action under Federal and/or Missouri civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a misdemeanor. See Section 575.050, RsMo 1986.)

*Signature		*Signature	
Printed name		Printed name	
Title		Title	
Date		Date	

***Must be signed by the individual or individuals asserting disadvantaged status.**

NOTARY PUBLIC

On this _____ day of _____, 2____, before me appeared _____
and _____ who, being duly sworn, did execute
the fore-going affidavit, and did state they were properly authorized by the above-named DBE firm to execute this affidavit, and
that they did so as their free act and deed.

Signed, _____, Notary Public.

My Commission expires:

DOCUMENT REQUEST CHECKLIST
(Attach All Documents To This Application)

ALL FIRMS

1. Personal Net Worth, Including All Supporting Documentation
2. Copy Of Business Federal Income Tax Reports For The Past Three Years.
3. Copies Of Personal Federal Income Tax Reports For The Last Year.
4. Registration From Mo. Board Of Architects, Professional Engineers, & Land Surveyors, If Applicable.
5. End Of Year Balance Sheets And Income Statements For Last Three Years.
6. Schedule Of Salaries Paid To All Officers, Managers And Directors For The Past Year (W-2's).
7. Copies Of Any New Loan Agreements Or Security Agreements.
8. Descriptions And Proof Of Ownership Of Any Real Estate Purchased In The Past Three Years.
9. Signed Leases For Real Estate Or Office/Storage Space Executed In The Past Three Years.
10. List Of All Equipment Purchased Within The Last Three Years, Including Proof Of Purchase.
11. List Of All Equipment Leased Within The Last Three Years, Including Signed Lease Agreements.
12. List Of All Automotive Equipment Purchased Within The Last Three Years, Including Titles And Proof Of Purchase.
13. Work Experience Resumes, Including Ownership Of Other Business Interests And Employment History, For All New Management Personnel.
14. Letters Of DBE/MBE/WBE Or SBA 8 (A) Certifications, Denials, And/Or Decertifications
15. Copy Of "Home State" Department Of Transportation Certification Letter.
16. Seal And Signature Of Notary Public.

FOR CORPORATIONS ONLY

1. Copies Of Corporate Stock Certificates Issued Or Transferred In The Past Three Years (Front And Back).
2. Minutes Of All Stockholders And Board Of Directors Meetings For The Past Three Years.
3. Any Amendments To The Corporate Bylaws Made Within The Past Three Years.

FOR PARTNERSHIPS ONLY

1. Any Amendments To The Most Recent Partnership Agreement Made Within The Past Three Years.